



State of Arizona
Naturopathic Physicians Board of Medical Examiners

APPLICATION
CERTIFICATE TO DISPENSE

Application Fee: \$300.00 / Duplicate Fee: 20.00

Payable to: State of Arizona NPBOMEX

*If you are applying for a certificate to Dispense at a non-profit organization,
the fee is waived upon proof of non-profit status.*

Renewal of the certificate is due on or before July 1 of each year.

~ Please Print or Type This Application ~

If a disabled person needs this application in an alternative format, please contact the Board office at Voice (602) 542-8242, FAX (602) 542-3093, Voice Relay (800) 842-4681 or TDY (800) 367-8939.

1. Physician's Full Name: _____
2. Physician's License Number: ____ -- _____ Social Security Number: _____
Required
3. Practice Location: (If more than one office location, attach a list providing the same information requested below and a payment of \$20.00 for a duplicate Certificate to Dispense for each office location.) *If you are registered by the United States Department of Justice to dispense controlled substances, you are required to submit a copy of your DEA certificate(s) for each dispensing certificate requested.*
 - A. Practice Name (if any): _____
 - B. Street Address: _____ Suite #: _____
 - C. City: _____ State: _____ Zip: _____
 - D. Telephone: (____) _____ Alt. Phone Number (____) _____
Email Address: _____
 - E. I am applying for a Certificate to Dispense at a *non-profit organization*. YES [☐] NO [☐] If YES, I am enclosing proof of non-profit status and the fee is waived.
4. Have you been issued a DEA Number by the United States Drug Enforcement Administration to dispense controlled substances? YES [☐] NO [☐]
NOTE: If you answered YES, you are required to list below the DEA Number given to you by the DEA.

DEA Number
5. Has any complaint or action been taken against you by any court or by any Federal or state agency for the dispensing of any device, substance or drug? YES [☐] NO [☐]
If YES, on a separate sheet of paper attach to this application the following:
 - A: For each complaint filed, list the name and address of the court, federal or the state agency in which the complaint was filed; and,
 - B: Official Documentation of any action taken by the court, federal or the state agency.
6. Verification by Physician:
I hereby make application to the State of Arizona Naturopathic Physicians Board of Medical Examiners to be certified to dispense. I agree to dispense natural substances including those regulated by federal and state law as non-prescription, prescription, prescription-only and controlled substances in accordance with the provisions of A.R.S. Section 32-1581.
7. Date: _____ Signature: _____